



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1316

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| Statement One: Summary of Revenue and Expenses |
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1. Gross Patient Service Revenue

| | |
|-------------------------------------|------------|
| Inpatient Patient Service Revenue | \$2408897 |
| Outpatient Patient Service Revenue | \$21941989 |
| Total Gross Patient Service Revenue | \$24350886 |

2. Deductions From Revenue

| | |
|-----------------------|------------|
| Contractual Allowance | \$14625091 |
| Other Deductions | \$1481074 |
| Total Deductions | \$16106165 |

3. Total Operating Revenue

| | |
|-----------------------------|-----------|
| Net Patient Service Revenue | \$8244721 |
| Other Operating Revenue | \$143940 |
| Total Operating Revenue | \$8388661 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages | \$4046637 | Employee Benefits | \$767291 |
| Depreciation and Amortization | \$476231 | Interest Expense | \$0 |
| Bad Debt | \$1294636 | Other Expenses | \$8659584 |
| Total Operating Expenses | \$15244379 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-----------|
| Excess Revenue over Expenses | \$-6855718 | Total Assets | \$1232337 |
| Net Non-operating Gains over Loss | \$-1282 | Total Liabilities | \$1232337 |

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|-----------------|------------|
| Total Net Gains | \$-6857000 |
|-----------------|------------|

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$9882148 | \$5887028 | \$3995120 |
| Medicaid | \$6114776 | \$5763747 | \$351029 |
| Other Government | \$228081 | \$169510 | \$58571 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$8125882 | \$4285881 | \$3840001 |
| Total | \$24350887 | \$16106166 | \$8244721 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$4182 | \$-4182 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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|---|-----|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

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|--------------------------|-----------|
| Hospital Charity Charges | \$1658727 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$903509 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$903509 | \$-903509 |
| Medicaid Shortfalls | \$1395280 | \$3699393 | |
| Subtotal | \$1395280 | \$4602902 | \$-3207622 |
| DSH Payments | \$0 | | |
| Subtotal | \$1395280 | \$4602902 | \$-3207622 |
| Medicare Shortfalls | \$6403873 | \$6354322 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$7799153 | \$10957224 | \$-3158071 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments